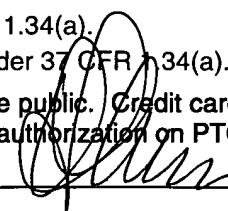


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket No.: 47004.000300																								
In re Application Of Application Number Filed For Group Art Unit Examiner	John J. Loy 10/085,977 02/28/02 Trade Receivable Processing Method and Apparatus 3628 Frantzy Poinvil																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.</p> <p>The requested extension and appropriate fee is as follows:</p> <table><thead><tr><th></th><th>Large Entity</th><th>Small Entity</th><th>Amount</th></tr></thead><tbody><tr><td><input type="checkbox"/> One Month</td><td>\$ 120.00</td><td>\$ 60.00</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Two Month</td><td>\$ 450.00</td><td>\$ 225.00</td><td>\$ 450.00</td></tr><tr><td><input type="checkbox"/> Three Month</td><td>\$ 1020.00</td><td>\$ 510.00</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four Month</td><td>\$1590.00</td><td>\$ 795.00</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five Month</td><td>\$2160.00</td><td>\$1080.00</td><td>\$</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0206. A duplicate of this sheet is attached.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).; <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>11-16-2005</u> _____ <u></u> _____ Date Signature</p> <p>Ozzie A. Farres _____ Typed or Printed Name 43,606 _____ Registration Number (if applicable)</p> <p>Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of <u>1</u> form(s) is/are submitted.</p>				Large Entity	Small Entity	Amount	<input type="checkbox"/> One Month	\$ 120.00	\$ 60.00	\$	<input checked="" type="checkbox"/> Two Month	\$ 450.00	\$ 225.00	\$ 450.00	<input type="checkbox"/> Three Month	\$ 1020.00	\$ 510.00	\$	<input type="checkbox"/> Four Month	\$1590.00	\$ 795.00	\$	<input type="checkbox"/> Five Month	\$2160.00	\$1080.00	\$
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